COURAGE Chronicle

November, 2000

Amendment 3

In order to broaden patient enrollment and to include appropriate patients with symptomatic CAD who may be suitable candidates for percutaneous coronary intervention (PCI) even in the absence of objective findings of ischemia, we have modified the COURAGE Trial inclusion criteria in selected instances whereby patients with subjective symptoms of "classic", or "definite", angina (please refer to Op Memo # 26) may be trial-eligible without objective findings of myocardial ischemia if they meet a more stringent definition of angiographic stenosis in the setting of multivessel CAD.

Amendment 3 Highlights: ALL THREE of the criteria listed below must be met for a patient to be considered COURAGE Trial-eligible:

- The patient must have symptoms of "classic", or "definite", angina, as defined in Op Memo # 26. In brief, patients must display (in the opinion of the investigator or operator) convincing symptomatology of exertional or rest angina that meets the cardinal criteria (character, site & distribution, provocation and duration) described originally by Heberden and Wood, and adopted as the definition of "classic", or "definite", angina in the recently-published ACC/AHA Guidelines on both the Management of Chronic Stable Angina and Unstable Angina/Non-ST-Segment Elevation Acute Coronary Syndromes; **and**
- The patient must have a measured 70% or greater angiographic stenosis (caliper-measured or quantitatively-measured) of a proximal epicardial coronary artery that, in the opinion of the operator/investigator, is the culprit vessel responsible for the ischemic syndrome; **and**
- There must be angiographic documentation of significant stenosis (50% or greater) in another coronary artery in additional to the 70% or greater "culprit stenosis". Thus, the patient must have multivessel (2-3 vessel) CAD.

For those potentially COURAGE-eligible patients with symptoms of "classic" or "definite" angina who are referred from outlying hospitals or from referring physicians with the stated expectation that they would proceed directly to diagnostic coronary angiography, this change in the trial inclusion criteria should facilitate the enrollment of patients with multivessel CAD who have at least a measured 70% stenosis of a proximal coronary artery.

Please submit amendment 3 along with OP Memo 26 to your IRB/ Ethics Board ASAP and forward a copy of your approval to the West Haven Coordinating Center.

ECG Core Lab News

All standard 12 lead resting ECGs are to be **obtained using an ECG machine**. They are **not** to be tracings taken from the treadmill test. When a tracing from the treadmill test is taken there is no way of verifying where the leads have been placed or if the patient is supine or standing. This is a very important consideration when comparing ECGs serially. The core lab will be comparing all future ECGs to the baseline ECG. If any of the tracings are from a treadmill test it is possible that the measurements will not accurately reflect the level of ST depression or elevation for that patient. Therefore, we may be diagnosing a myocardial infarction when there is not one. It is also possible that we could miss the diagnosis since we are not comparing similar types of tests.

Reminders

- When a patient is undergoing a PCI or CABG procedure, please remember to **obtain cardiac enzymes** (CK and CKMB and/or troponins) and a 12-lead ECG **both before** the procedure **and two times 8 hours apart after the procedure** (8 hours and 16 hours after the procedure). Refer to page 4-3 of the Operations Manual.
- Please fill out Form 31 for patients who "cross-from one arm to the other.
- Please fill out Form 11A for all patients who you suspect had a myocardial infarction.

Annual Meeting

Stay tuned for info on the annual COURAGE meeting in February….

Pharmacy Issues

Revised COURAGE Drug Order Form

A copy of the newly revised COURAGE Drug Order Form (Form 28 – dated 11/17/00) is enclosed with this newsletter. Please discard ALL old forms and use this form when ordering drug. This form contains the names and strengths of all drugs currently available for COURAGE study patients. When completing this form, **please indicate the number of bottles or vials needed**, DO NOT record number of boxes needed. Please fax this form to the COURAGE PCC at 505-248-3205. Drug will not be shipped to your site unless an order is received by the PCC. Drug will be shipped within 10 working days of receipt of the order.

Monitoring Drug Usage

In order to accurately monitor drug usage, each site must complete the "Bulk Dispensing Record" included in each box of study drug. These forms must be completed and either faxed (505-248-3205) or mailed to the PCC. This documentation is required by several of the companies donating product for this study.

Local Destruction Policy

Sites are authorized to locally destroy COURAGE study drug that has expired or has been returned by patients; however, PCC requires documentation of all such destruction. Site personnel must certify that all drugs were destroyed using a method in compliance with Federal, State/Provincial and Local Regulations. For drug that expires prior to dispensing, a note on the appropriate "Bulk Dispensing Record" will provide adequate documentation. This note should include the following information: "I, [Insert your name], certify that these expired study drugs have been destroyed using a method in compliance with our Federal, State/Provincial, and Local Regulations." This note must be signed and dated. In the future we hope to revise the "Bulk Dispensing Record" which will make documentation easier.

For drug returned by patients, a list of all returned drugs destroyed locally should be provided to PCC and maintained by the site. Local forms can be used for this purpose.

Change of Coordinator/PI

Please use the form enclosed with this newsletter to notify West Haven of any changes of PI or Coordinator.

PATIENT ENROLLMENT UPDATE

		To Date
671	Audie L. Murphy VAMC – San Antonio	89
202	London Health Sciences Centre	65
203	Montreal Heart Institute	41
580	Houston VA Medical Center	40
506	Ann Arbor VA Medical Center	34
558	Durham VA Medical Center	32
205	Queen Elizabeth II HSC	30
598	John C. McClellan VA – Little Rock	29
209	Sunnybrook & Women's College HSC	28
306	Mayo Clinic—Rochester	25
630	New York VA Medical Center	25
663	Seattle VA Medical Center	24
200	Foothills Hospital	23
501	Albuquerque VA Medical Center	23
596	Lexington VA Medical Center	22
312	University of Michigan Medical Center	21
304	Emory University Hospital	19
308	Mid America Heart Institute/Shawnee Mission	18
313	University of Oklahoma	17
210	The Toronto Hospital	16
212	Vancouver Hospital and HSC	16
584	Iowa City VAMC/Univ. of Iowa Hospital	16
207	St. Paul's Hospital	14
204	St. Michael's Hospital	13
626	Nashville VA Medical Center	12
201	Hamilton General Hospital, McMaster Clinic	11
301	Boston Medical Center	11
208	Sudbury Memorial Hospital	9
211	University of Alberta Hospital	9
314	MIMA Century Research Associates	8
648	Portland VA Medical Center	8
316	Hartford Hospital	5
626	Vanderbilt University Medical Center	3
315	Southern CA Kaiser Permanente Medical Group	2
214	Hopital du Sacre Coeur	0
317	University of Rochester	0
318	University of Maryland	0
	Total # of patients from terminated Sites	21
	Total Patients as of 11/17/00:	**779**

Change in Personnel

Welcome to Cherie Kunik, MSN, RN, CS who is taking Kate Hanson's place with the nuclear sub-study. You may call Cherie with any clinical questions regarding the nuclear sub-study. For technical questions contact Tara Gurtler at Cedars-Sinai in Los Angeles, CA at 310-423-4387. Please send correspondence to:

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